

State of California

Department of Alcohol and Drug Programs

PROGRAM DESCRIPTION—ADP 7235A

Prevention Activities Data System

FY 1999-2000

Reporting Period Dates: 7/1/1999 through 6/30/2000

See the reverse side for instructions on completing this form.

SECTION A. COUNTY/PROVIDER INFORMATION

1. COUNTY NAME

2. PROVIDER NAME

3. PROVIDER IDENTIFICATION NUMBER

4. CONTACT PERSON'S NAME

5. MAILING ADDRESS

(Street)

(City)(County)(Zip)

6. TELEPHONE NUMBER ( )

7. FACILITY ADDRESS

(Street)

(City)(County)(Zip)

8. TODAY'S DATE

9. SUBMISSION TYPE

Original

Amended

10. TYPE OF FUNDING/PERCENTAGE

SAPT %

SDFSCA %

Other %

11. 

In-County Contract Provider

County Operated

Out-of-County Contract

SECTION B. PROGRAM INFORMATION:

Please enter the one code number (1, 2, 3, 4) that applies to the program in the program status box.

1. PROGRAM STATUS:

1. New Projected Start Date / /

2. Existing Services

3. Expansion of Services

4. Enhanced Services

2. PROGRAM SERVICE TRACKING REPORTS:

Please check (√) all the boxes that apply to the strategy forms that will be completed and included in this package.

(1) INFORMATION-DISSEMINATION (ADP 7235B)

(2) EDUCATION (ADP 7235C)

(3) ALTERNATIVES (ADP 7235D)

(4) PROBLEM IDENTIFICATION & REFERRAL (ADP 7235E)

(5) COMMUNITY-BASED PROCESS (ADP 7235F)

(6) ENVIRONMENTAL (ADP 7235G)

3. PRINCIPLES OF EFFECTIVENESS:

Please check (√) all the boxes that apply.

(a) Does this program conduct needs assessments?

(b) Does this program have measurable goals and objectives?

(c) Are the program activities based on research or evaluation?

(d) Does this program conduct ongoing, formal evaluations?

yes

yes

yes

yes

no

no

no

no

4. ACCESSIBILITY:

Please check (√) all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

(a) Hearing

(b) Mobility

(c) Vision

(d) Speech

(e) Mental

(f) Developmental

(g) Other (specify)

5. SPECIAL POPULATION BREAKDOWN (SDFSCA REQUIREMENT):

Please check (√) all the boxes that apply. If “Yes,” please enter the total number of persons served, and indicate if the number is actual or estimated in the appropriate column.

| POPULATION  | √ Yes | √ No | No. of Persons Served | √ Actual | √ Estimated |
|---|-------|------|-----------------------|----------|-------------|
| (a) School-aged youth attending public or private schools                       |       |      | #                     |          |             |
| (b) School-aged youth, not in school; e.g., dropouts, incarcerated              |       |      | #                     |          |             |
| (c) Parents or guardians of school-aged youth                                   |       |      | #                     |          |             |
| (d) Law enforcement officials (including district attorneys)                    |       |      | #                     |          |             |
| (e) Teachers and other school personnel   |       |      | #                     |          |             |
| (f) Other community members, including service recipients less than 5 years old |       |      | #                     |          |             |

ADP 7235A (Revised 7/1/99)

**INSTRUCTIONS FOR COMPLETING  
PROGRAM DESCRIPTION—ADP 7235A (Revised 7/1/99)**

GENERAL: Each county will distribute the Prevention Activities Data System (PADS) forms to all primary prevention providers that receive California Department of Alcohol and Drug Program (ADP) money. Each county will collect the appropriate forms and will forward *one set* of forms for each provider number to ADP at the end of the reporting period. A separate set of forms for each program/service provider must be completed. Please note that if a provider provides services related to any one of the six strategies, that corresponding form is to be completed and returned with this form, ADP 7235A. The county will forward this form (ADP 7235A) and all appropriate ADP 7235 (B-G) forms to:

**Margaret Cossey, AGPA  
California Department of Alcohol and Drug Programs  
Prevention Services Division, Second Floor  
1700 K Street  
Sacramento, CA 95814**

**SECTION A. COUNTY/PROVIDER INFORMATION**

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider Name:** Enter the complete name of the program as it appears on the contract with the county.
- 3. **Provider Identification Number:** Enter the code assigned to this facility, which includes the county code, issued by ADP.
- 4. **Contact Person’s Name:** Enter the name of the provider’s contact person. This person may be the program director, executive director, or a designee.
- 5. **Mailing Address:** Enter the complete mailing address for the provider.
- 6. **Telephone Number:** Enter the area code and phone number (and extension, if any) of the person named in No. 4.
- 7. **Facility Address:** Enter the facility address. This address may be the same as the mailing address.
- 8. **Today’s Date:** Enter the date the forms are completed.
- 9. **Submission Type:** Check the appropriate box to indicate if this is an original or amended submission of the forms.
- 10. **Type of Funding/Percentage:** Check the appropriate box to indicate if the program is funded by Substance Abuse Prevention and Treatment (SAPT), Safe and Drug Free Schools and Communities Act (SDFSCA), or other sources of funding. Also, enter the percentage of funding in the appropriate space.
- 11. **Provider Status:** Check appropriate box.

**SECTION B. PROGRAM INFORMATION**

- 1. **Program Status:** Enter the one code number (1, 2, 3, 4) that applies to the program in the program status box. Enter “1” if the provider or service is new and give the projected start date; enter “2” if the program began prior to the beginning date of the current reporting period; enter “3” if an existing program is being expanded by additional capacity, slots, caseload; and enter “4” if an existing program is adding new or additional service elements during the current reporting period.
- 2. **Program Service Tracking Reports:** Check the appropriate boxes of the strategies on which you are reporting.  
**Information Dissemination:** This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse and addiction and the effects on individuals, families and communities. This strategy is also intended to increase knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.  
  
**Education:** This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its activities. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.  
  
**Alternatives:** This strategy provides for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances.  
  
**Problem Identification and Referral:** This strategy aims to classify those individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in the first use of illicit drugs and to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any function designed to determine whether a person is in need of treatment.  
  
**Community-Based Process:** This strategy aims to enhance the ability of the community to more effectively provide substance abuse prevention and treatment for ATOD disorders. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of the services implemented, interagency collaboration, coalition building and networking.  
  
**Environmental:** This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy can be divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service- and action-oriented initiatives.
- 3. **Principles of Effectiveness:** Check the appropriate box(es). If “yes,” please be prepared to share information, if requested.
- 4. **Accessibility:** Check the appropriate box(es) for program services accessibility. Follow the instructions as stated on the form.
- 5. **Special Population Breakdown (SDFSCA Requirement):** Check the appropriate box(es) to indicate the special populations served, the number of persons served, and whether the number is actual or estimated. If a provider does not receive SDFSCA ADP money, this section does not have to be completed.